PTO/SB/06 (08.

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PATENT	APPLICATION	FEE DETERMINATION RE	CORD
	Substitut	to for Form DTO 075	

Application or Docket Number 10015861

Substitute for Form PTO-875							10025866				
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED		NUMB	ER EXTRA		RATE	FEE		RATE	FEE		
BASIC FEE (37 CFR 1.16(a))					s	OR		s			
TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 =					x \$=		OR	x \$ =			
INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = '			ĺ	x \$ =	l	OR	x \$ =	 			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+5 =		OR	+5 =		
* If the difference in column 1 is less than zero, enter "0" in column 2.					l I	TOTAL		OR	TOTAL	 	
							TOTAL	(] OK	TOTAL	L
		CLAIMS AS AN	IENDEL	PARTII						OTHE	R THAN
		(Column 1)	·	(Column 2)	(Column 3)		SMALL E	NTITY	OR •		ENTITY
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
ME	Total (37 CFR 1.16(c))	•	Minus	••	=		x \$=		OR	x \$ =	
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	•••	=		x \$ =		OR	x \$ =	· · · · · · · · · · · · · · · · · · ·
₹	FIRST PRESENT	TATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	FR 1.16(d))		+ \$ =		OR	+\$ =	
لــــــ							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)		•				
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DMENT	Total (37 CFR 1.16(c))	. 1	Minus	20	=		x \$=		OR	x s =	
AMEN	Independent (37 CFR 1.16(b))	. 2	Minus	··· 3	=		× \$=		OR	× \$=	
⋛	FIRST PRESENT	ATION OF MULTIPL	E DEPENDI	ENT CLAIM (37 CF	R 1.16(d))		+ \$ =		OR	+ \$ =	
							TOTAL ADD'L FEE	-	OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)						بىلىن
C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (37 CFR 1.16(c))	•	Minus	**	=		x \$=		OR	x \$=	
Z	Independent (37 CFR 1.16(b))	•	Minus	•••	=		x s =		OR	x \$=	
⋛	FIRST PRESENTA	ATION OF MULTIPLE	E DEPENDE	NT CLAIM (37 CF	R 1.16(d))		+ \$ =		OR	+ \$ =	
	*		·- ·			L	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

[•] If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.